PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10826108

									1000	X 6 /		
CLAIMS AS FILED - PART I								SMALL E	NTITY		OTHE	R THAN
TOTAL CLAIMS			(Colum	A -==	(Coli	umn 2)	, . 	TYPE [OR	SMALL	ENTITY
			 	25				RATE	FEE	4	RATE	FEE
FOR			NUMBER	RFILED	NUMBER EXTRA			BASIC FE	385.00	OR	BASIC FEE	770.00
T	OTAL CHARGE	ABLE CLAIMS	25 m	inus 20=	.5			X\$ 9=	45	OR	X\$18=	
INDEPENDENT CLAIMS			2 minus 3 = * (X43=		OR	X86=	
Μl	JLTIPLE DEPE	NDENT CLAIM F	RESENT						 			
*]1	the difference	e in column 1 is	less than zero, enter "0" in column 2			column 2	Ĺ	+145=		OR	+290=	
							TOTAL	430	OR	TOTAL		
CLAIMS AS AMENDED - PART II(Column 1) (Column 2) (Column 3								SMALL	FNTITY	OR	OTHER	
	T :	CLAIMS	T	HIGH						- On ,		
AMENDMENT A		REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
4ME	Independent	*	Minus	***		=		X43=		OR	X86=	
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									1 1		
			+145=		OR	+290=						
		14	TOTAL DDIT. FEE		OR ,	TOTAL ADDIT. FEE						
		(Column 1)) 		• '					
		CLAIMS		HIGHE	ST				ADDI-	1 5		4001
		REMAINING			NUMBER		1 1	I		1 1		ADDI-
z		AFTER AMENDMENT	J	PREVIO		EXTRA		RATE	TIONAL	1	RATE	TIONAL
2		AMENDMENT	 	PAID F	ОН		<u> </u>	FEE	1 1	·	FEE	
AMENDMENT B	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	!
AME	Independent	*	Minus	***		=		X43=	,	OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		OR	+290=	
								TOTAL		OR A	TOTAL	
(Column 1) (Column 2) (Column 3)								DIT. FEE L		Ι • · · · Α	DDIT. FEE	
	`	CLAIMS		HIGHE		(Coldinii 3)			•			
AMENDMENT C		REMAINING AFTER AMENDMENT		NUMBE PREVIOL PAID FO	ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	5	(\$ 9=		OR	X\$18=	
A L	independent	*	Minus	irik		=	\	X43=			X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						·			OR	/	
							+	145=		OR	+290=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												
· T	he "Highest Num	tiber Previously Paid ber Previously Paid	For" (Total or	ndependent	ess than t) is the l	3, enter "3." nighest number			opriate box			